

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth
(Registration District)

Miami

County

Dade

No.

St.

SEX OF CHILD* *Female* *Twin* *or other?* and Number in order of birth *1*

DATE OF BIRTH* *Aug 30th, 1921*
(Month) (Day) (Year)

FULL NAME FATHER *Hubert Howell Roberts*

FULL MAIDEN NAME MOTHER *Ruby Neel Roberts*

I HEREBY CERTIFY that the child described herein has been named

Suwendolyn Sue Roberts
(Give name in full) (Surname)

Ruby Neel Roberts
(Parent's Signature)

Dr. Chas. Ervin
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

5M 5/20/41

792-830-953

(Was in Lucas Bldg.)
Phoenix.